

CHECK ONE
THOROUGHBRED ()
STANDARD BRED ()
QUARTER HORSE ()

RECORD OF MARES BRED

Date of Report _____ For breeding season of _____
For foals of _____

Name of Stallion: _____ State Registration No. _____

Roster of Mares

This form is **required** to make some mares eligible that are bred to your stallion.

Mare Name:	Dates of Service		
Mare Owner Name:	First	Last	Check here if
Address:	()	()	Pasture Bred
			()

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Mare Onwer Name:	First	Last	
Address:	()	()	

I hereby certify that the listed mares were bred to this stallion for participation in the Horse Breeders fund Program.

Signed _____
(Owner or stallion manager)

Address _____ Telephone _____

IMPORTANT:

Record of mares bred **must be submitted** prior to August 1st of each year of the year of breeding.

This is required by all Iowa Stallion Owners.

Attach and number additional pages to this record if necessary.

This fully completed record of mares bred is to be submitted to:

Horse Racing Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
Des Moines, Iowa 50319
Telephone (515) 281-7683 or (515) 281-4103
Fax (515) 281-8888